STATE OF ARIZONA MULTIPLE PAYEE CLAIM PREPARED BY											AUTHORIZED BY						BATCH HEADER			DER	
																	AGCY (3)		DATE (6) / /	TYPE(1)	NO (3)
MULTIPLE PAYEE CLAIM PREPARED BY											ENTERED BY						DATE ENTERED			PHONE	
																		1 1			
RTI (6)	RT AMT \$(10)¢(2)			DOC DATE (6)		EFF DATE (6)		,	DUE DATE (6)		SERV DATE (6)			AGCY (3)		CUR	2 DOC (8)) DOC AMT \$(10)¢(2)		DOC AGY (3)	
DEE DOO (0)	M (1) TC (2		TO (0)	•	I INDEX	(F) I		CA (5)	AY (2) AGENO		24405	1 1									
REF DOC (8)		M (1)	TC (3)		INDEX ((5)	PCA	(5)	AY (2)	AGENC	Y USE										
CSFX		VENDOR NO		MC		AMOUNT			R	PDT	1099	COBJ	AO		RSFX						
(3)	(11)			(3)		\$(10) ¢(2)		(1)	(2)	(1)	(4)	(4	4)	(3)		CLAIMANT'S NAME (TYPED OR PRINTED)					
I hereby ce these expe appropriate	nditures ar	e for va	ılid pu	blic purp	oses ar	nd tha	t funds ha		APPF	ROVED	BY:				1			DATE	≣:		